

Docket No. INSL.0104

CONCLUSION

If the Examiner has any concerns or questions regarding this request, please contact the below-listed attorney for Applicant at (512) 295-8050.

Please charge any fees that may be due or credit any overpayments to the Deposit Account of Gary R. Stanford, Account No. 50-1469.

Respectfully submitted,

Date: July 11, 2005

By: Gary Stanford
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PTO/SB/21 (04-04)

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TRANSMITTAL
FORM

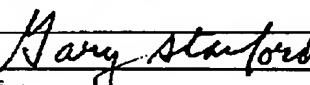
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		Application Number	10/813,254
		Filing Date	Mar 30, 2004
		First Named Inventor	Mehas, Gustavo J.
		Art Unit	2816
		Examiner Name	Jeffery Shawn Zwelzig
Total Number of Pages in This Submission		Attorney Docket Number	
		INSL.0104	

ENCLOSURES (Check all that apply)

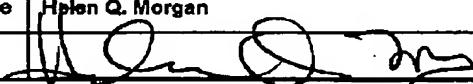
<input type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Drawing(s) Replacement sheet 1/2 and Annotated sheet 1/2	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	 (1) Copy of Notice of Non-compliant Amendment
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	 (2) Response to Notice of Non-Compliant Amendment
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Gary R. Stanford, Reg. No. 35,689		
Signature			
Date	July 11, 2005		

CERTIFICATE OF TRANSMISSION/MAILING

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Signature		Date	July 11, 2005

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Annotated sheet

1/2

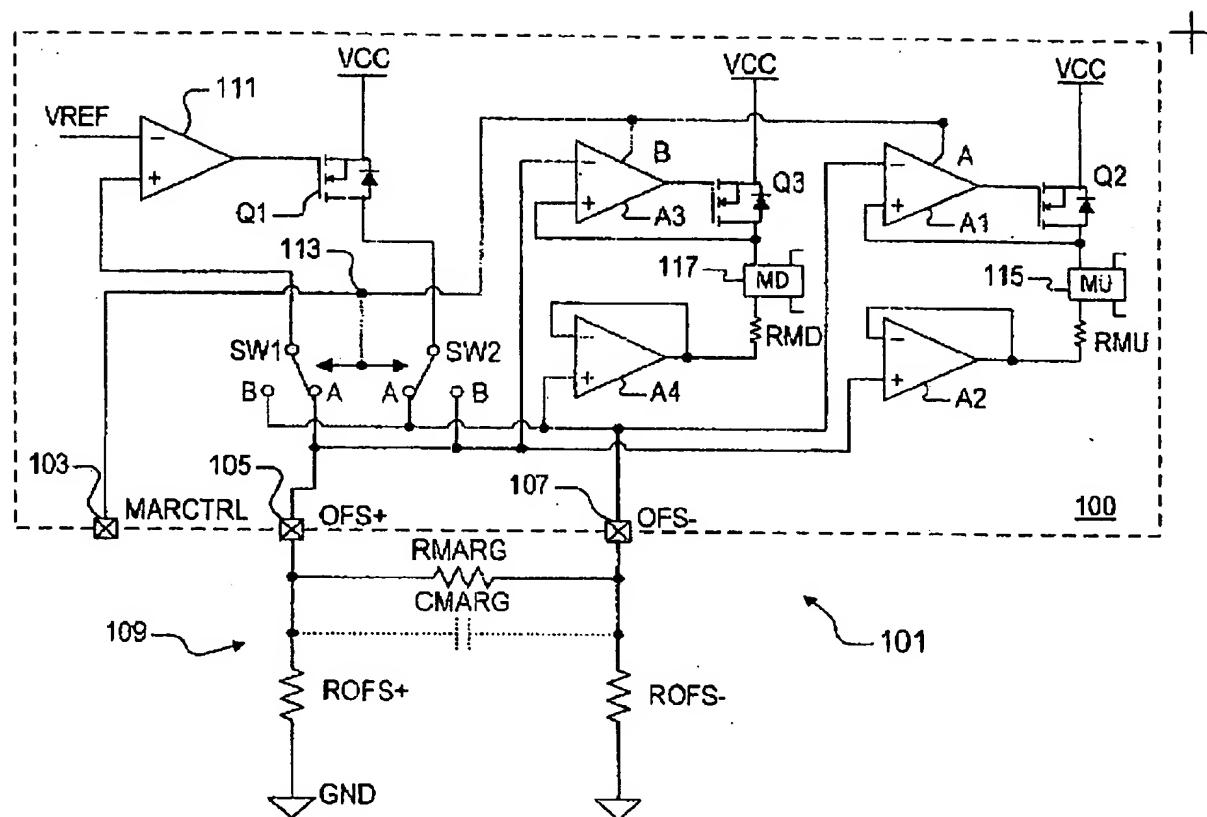


FIG. 1

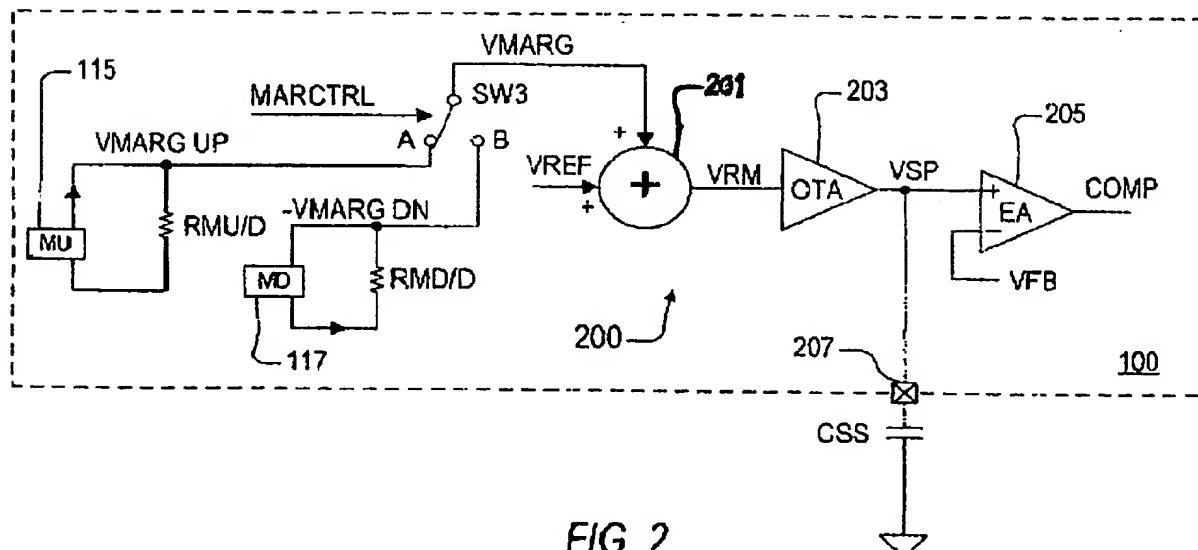


FIG. 2